

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN IN ALTERNATIVE CARE

A. Target Group: The person for whom Medicaid participates in the cost of Case Management Services must:

1. Be Medicaid eligible;
2. Be a foster child age 0-21 who is in the care, custody or control of the North Dakota Department of Human Services, a North Dakota County Social Service Board, North Dakota Division of Juvenile Services, a North Dakota Tribal organization or a similar agency in another state and placed in North Dakota; or
3. Be a child who has been in foster care and has been appointed a legal guardian by a court having jurisdiction; or
4. Be a child placed in North Dakota pursuant to the Interstate Compact for children who are placed by an agency from another state.

B. Areas of State in which services will be provided:

- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case Management Services is a combination of activities that assure that an eligible child has access to a full array of needed medical, education, vocational, social, treatment and rehabilitative services. Case Management for Children in

Alternative Care will enable these clients to have timely access to the services and programs that can best deal with their needs. A mechanism for this referral will exist as an integral aspect of this service as will a process for follow-up monitoring. The following services will be available to all recipients who qualify for case management services and all providers must demonstrate the capacity to provide all core elements of case management services including:

- 1) Crisis Intervention consists of the following:
 - a. Assesses the crisis situation and makes any necessary referrals to ensure that the child receives the most appropriate and cost-effective services from professional treatment providers.
 - b. Provides ongoing monitoring to ascertain likely and emerging crises of the recipient.
 - c. Advocates for the use of the least restrictive service available, and coordinate alternative arrangements where indicated and as available.
- 2) Functional Assessment consists of a written comprehensive assessment of a child's abilities, deficits, and needs must be conducted. Persons from relevant disciplines should be used to document service gaps and unmet needs. All services appropriate to the child's needs should be part of this activity.
- 3) Individual Treatment Plan Development consists of a plan that is specifically tailored to the needs of each child and includes specific goals, objectives, services to be provided, responsible persons, projected timeliness, and criterion for attainment. To the maximum extent possible, the development of an individual treatment plan is a collaborative process involving the child, the family or support systems, the case management provider, and other service providers if applicable.
- 4) Service Mobilization, Coordination, and Monitoring consists of developing a supportive relationship with the child that links the child to counseling, crisis intervention, problem solving and community living skills training that is provided by other professional treatment providers. Activities required to link the child to services specified in the plan are operationalized, and consultation is provided to providers and formal/informal support systems. Reviews are conducted to assure that the services continue to be appropriate, that the child is engaging in activities specified in the individual treatment plan, and that progress and satisfaction is evaluated by the recipient and significant others.

E. Qualification of Providers

In order to ensure that care is properly coordinated, targeted case management services need to be provided by agencies who have or have had legal custody of the child. Also, the service must be delivered in a culturally appropriate manner.

Individual case managers must, at a minimum, hold a BSW and successfully completed the Child Welfare Certification Training or be in "candidate" status of completing the Child Welfare Certification Training within six months, or hold a Bachelors Degree in Social Work, Psychology, Counseling or closely related field, or Individual Case Managers from a North Dakota Tribal Organization serving this population must, at a minimum, been certified by the Native American Children and Family Service Training Institute as a Child Welfare Practitioner or be in "candidate" status of being certified within six months.

F. The state assures that the provisions of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1) Eligible recipients will have free choice of the providers of case management services.
- 2) Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 99-011

Supersedes

TN No. New

Approval Date 01/14/2000

Effective Date 04/01/99